

FORM 1

STATEMENT OF
FINANCIAL INTERESTS

2015

Please print or type your name, mailing
address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME:

OLDAKER, AUREN E

MAILING ADDRESS:

285 TROPIC DRIVE

CITY:

ZIP:

COUNTY:

LAUDERDALE BY THE SEA 33308 BROWARD

NAME OF AGENCY:

TOWN OF LAUDERDALE BY THE SEA

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Commissioner

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

RECEIVED
JAN 11 2016
BY: Jechia Smith

10:05 am

**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

☒ DECEMBER 31, 2015 OR ☐ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☐ DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE
OF INCOMESOURCE'S
ADDRESSDESCRIPTION OF THE SOURCE'S
PRINCIPAL BUSINESS ACTIVITY

AMERICAN TEST LAB

6801 NW 17 AVE FORT LAUDERDALE FLA 33309 TESTING

* SEE ATTACHED

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF
BUSINESS ENTITYNAME OF MAJOR SOURCES
OF BUSINESS' INCOMEADDRESS
OF SOURCEPRINCIPAL BUSINESS
ACTIVITY OF SOURCE

5 PALMS INV. READY, INC

501 SW 5th ST

REAL ESTATE

FT. LAUDERDALE FLA 33315

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

SEE ATTACHED

FILING INSTRUCTIONS for when
and where to file this form are
located at the bottom of page 2.INSTRUCTIONS on who must file
this form and how to fill it out
begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. - See instructions)

(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

PART E — LIABILITIES (Major debts - See instructions)

(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR

ADDRESS OF CREDITOR

CHASE

P.O. Box 100576 FLORENCE, SC 29502

PART F — INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses - See instructions)

(If you have nothing to report, write "none" or "n/a")

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

NAME OF BUSINESS ENTITY

AMERICAN RST LAB

ADDRESS OF BUSINESS ENTITY

6801 NW 17 AVE FT. LAUD FLA 33309

PRINCIPAL BUSINESS ACTIVITY

TESTING

POSITION HELD WITH ENTITY

50% OWNER

I OWN MORE THAN A 5% INTEREST IN THE BUSINESS

YES

NATURE OF MY OWNERSHIP INTEREST

50% OWNER

PART G — TRAINING

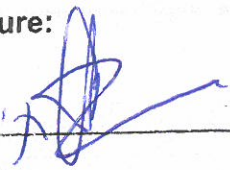
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.



I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐**SIGNATURE OF FILER:**

Signature:



Date Signed:

1-21-16

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:**WHAT TO FILE:**After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

NOTE:**MULTIPLE FILING UNNECESSARY:**

A candidate who previously filed Form 1 because of another public position must file a copy of his or her Form 1 when qualifying. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

Facsimiles will not be accepted.**WHERE TO FILE:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)**State officers or specified state employees** file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.**Candidates** file this form together with their qualifying papers.

To determine what category your position falls under, see page 3 of instructions.

WHEN TO FILE:**Initially**, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment. **Candidates** must file at the same time they file their qualifying papers.**Thereafter**, file by July 1 following each calendar year in which they hold their positions.**Finally**, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does **not** relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2015.

Primary Sources of Income

Source	Source Address	Description
285 E 24th St LLC	285 Tropic Drive, LBTS, Fla	Residential Rental
79 NE 7 Ave LLC	285 Tropic Drive, LBTS, Fla	Residential Rental
87 NE 7 Ave LLC	285 Tropic Drive, LBTS, Fla	Residential Rental
04 NE 9 Ave LLC	285 Tropic Drive, LBTS, Fla	Residential Rental
20 NE 5 Ave LLC	285 Tropic Drive, LBTS, Fla	Residential Rental
04 SW 29 St LLC	285 Tropic Drive, LBTS, Fla	Residential Rental
27 SW 30 St LLC	285 Tropic Drive, LBTS, Fla	Residential Rental
215 NE 18 Ave LLC	285 Tropic Drive, LBTS, Fla	Residential Rental
BM	Armonk, NY	Technology
Franklin Investments	New York, NY	Bonds

Part C - Real Property

1 NE 24th Street, Wilton Manors, Fla.
 79 NE 7 Avenue, Ft. Laud., Fla.
 87 NE 7 Avenue, Ft. Laud., Fla.
 04 NE 9 Avenue, Ft. Laud., Fla.
 20 NE 5 Avenue, Ft. Laud., Fla.
 04 SW 30 Street, Ft. Laud., Fla.
 27 SW 29 Street, Ft. Laud., Fla.
 215 NE 18 Avenue, Ft. Laud., Fla.
 285 Tropic Drive, Land By The Sea, Fla.

ALFRED E. OLDAKER

285 TROPIC DRIVE

LAUDERDALE BY THE SEA FLA 33308

FINANCIAL DISCLOSURE FORM ATTACHMENT